Part D Subsidy Eligibility & Cost Sharing Chart

Eligibi	lity for Pa	art D Subsidy			Part D Cost-Sharing	
		F	ull Dual Elig	ibles: Ent	titled to Medicare and Full Medicaid Benefits	
Monthly Income		Maximum Resources	Annual Deductible	Basic Monthly Premium	Cost until TrOOP total reaches \$4,550	Catastrophic Benefit After TrOOP totals \$4,550
Less than 100% FPL		Medicaid Program Limits	\$0	\$0	\$ 1.10 per generic or preferred brand name drug or \$3.30 per prescription for all other drugs *NF/HCBS/PACE (dual eligibles) have no Part D co-pay	Free Prescriptions
More than 100% FPL		Medicaid Program Limits	\$0	\$0	\$2.50 per generic or preferred brand name drug or \$6.30 per prescription for all other drugs *NF/HCBS/PACE (dual eligibles) have no Part D co-pay	Free Prescriptions
		Parti	al Dual Elig	ibles: Med	dicare Savings Program Only (QMB/LMB/ELMB)	
Monthly Income		Maximum Resources	Annual Deductible	Basic Monthly Premium	Cost until TrOOP reaches \$4,550	Catastrophic Benefit After TrOOP totals \$4,550
At or below 135% FPL		Single-\$6,600 Married - \$9,910	\$0	\$0	\$ 2.50 per generic or preferred brand name drug or \$6.30 per prescription for all other drugs	Free Prescriptions
			Medicar	e Part D S	ubsidy (Not Full or Partial Dual Eligible)	
Subsidy Type	Monthly Income	Maximum Resources	Annual Deductible	Basic Monthly Premium	Cost until TrOOP reaches \$4,550	Catastrophic Benefit After TrOOP totals \$4,550
D0	At or below 135%	Single = \$6,600 Married = \$9,910	\$0	\$0	\$ 2.50 per generic or preferred brand name drug or \$6.30 per prescription for all other drugs	Free Prescriptions
D1	At or below 135%	Single = \$11,010 Married = \$22,010	\$60	\$0	15% co-insurance for each prescription drug	Greater of 5% of drug price OR \$2.50/\$6.30
D2	Greater than 135% to 140%	Single = \$11,010 Married = \$22,010	\$60	25% of premium amount	15% co-insurance for each prescription	Greater of 5% of drug price OR \$2.50/\$6.30
D3	Greater than 140% - 145%	Single = \$11,010 Married = \$22,010	\$60	50% of premium amount	15% co-insurance for each prescription drug	Greater of 5% of drug price OR \$2.50/\$6.30
D4	Greater than 145%- 150%	Single = \$11,010 Married = \$22,010	\$60	75% of premium amount	15% co-insurance for each prescription drug	Greater of 5% of drug price OR \$2.50/\$6.30

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